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EDITORIALS

Vascular Surgery

The development of each of the surgical specialties has depended upon the evolution of either diagnostic or therapeutic techniques. The vaginal speculum, the cystoscope, the endoscope, encephalography, and many other technical facilities have each opened new vistas for the surgical relief of human suffering. Advances in the more fundamental fields of anesthesia, physiology, pathology, and biochemistry, and the use of the antibiotics have furnished a safe basis without which new surgical approaches might have proved too hazardous. Vascular surgery is rapidly approaching the gestation phase as an off-shoot from general surgery and it may be well now to examine its antecedents and its prospects for life in order to provide for it the best available opportunities for growth and development.

The control of hemorrhage has presented a problem since the earliest days of surgery. The ligature of arteries was mentioned by Celsus and Antyllus, although this procedure remained unknown until again brought to light by Paré. The names of the great surgeons of the past—Hunter, Sir Astley Cooper, Dupuytren, Syme, Trendelenberg, and many others—are intimately associated with the early history of vascular surgery but it was not until the introduction of the antiseptic era by Lister that the possibilities of reparative and restorative operations on blood vessels became manifest. It is interesting to note that Lister himself was the first to record, in 1875, the successful antiseptic closure of a blood vessel—the axillary vein.[3] In more recent times the great contributions of Halsted and Mont, Reid, Carrell, and others have served as milestones of progress. It was Halsted [2] who wrote, "One of the chief fascinations of surgery is the management of wounded vessels, the avoidance of hemorrhage. The only weapon with which the unconscious patient can immediately retaliate upon the incompetent surgeon is hemorrhage." Rudolph Matas today is recognized as the founder of vascular surgery, and his scholarly history of the surgery of blood vessels [4] remains a masterpiece.

Vascular surgery has hardly yet become a "specialty." The surgeons who made these advances did so only incidentally during the course of their activities in the field of general surgery. Is there room or actual need for vascular surgery as a specialty? In an address delivered before the International Congress of Medicine in London in 1913 Harvey Cushing [1] considered the significance and purpose of surgical specialties. He concluded, "The existence of the operating specialist as contrasted with the general surgeon is justified only if the former takes advantage of his opportunities to contribute to the knowledge of the disorders he specially treats." The extraordinary advances in the past two decades, both in the surgery of peripheral vascular disorders and more recently in the surgery of major blood vessels, have made it necessary for the surgeon whose prime interest is in the furtherance of the vascular field to limit his activities in order to remain productive. The more difficult and laborious the investigative techniques, whether diagnostic or therapeutic, the more sharply must the investigative surgeon limit his professional activities.

Specialization, however, must be subject to close scrutiny since there is always the danger of losing sight of the patient as a whole. It has been said that "the specialist should be a trained physician, a skilled surgeon, and something more, but he is often something else—and something less." Too much emphasis cannot be placed on the necessity for a thorough grounding in the basic sciences, medicine, and general surgery before the individual can devote his time exclusively to vascular surgery.

In conclusion it may be well again to quote from the classic paper of Harvey Cushing. "The surgical specialties . . . should represent merely grafts on the parent stem, for in their cultivation as separate plants they may cease to blossom and to bear fruit.... When progress ceases to be made, through the intensive studies which the smaller field of work permits, there is every reason why the vagrant specialty should be called back under the wing of its parent, general surgery, from whom in no circumstances should it ever be permitted to wander too far."

REFERENCES

1. Cushing H. Lancet, 2:369 (Aug. 9), 1913. I. S. Ravdin, Professor of Surgery at University of Pennsylvania Medical School recently called attention to this article.
2. Halsted, Bull. John Hopkins Hospital, 23:191, 1912.
3. Lister, J., Edinburg M. J., 21:481, 1875.
4. Matas, R., in Keen's Surgery, Vol. 5, Philadelphia and London, W. B. Saunders Company, 1909.

That Dodo Again

Without belaboring our dear dead friend the dodo, may we make one more reference to him in connection with the drive for compulsory health insurance. The simile is wearing a little thin by now and the latest blast from a high place should prove conclusively that the politically-inspired movement to execute a system of compulsory health insurance is far from the condition of death attributed to our erstwhile feathered companion.

Latest in the string of dignitaries to espouse compulsory health insurance is Bernard Baruch, elder statesman, philanthropist, counsel to presidents, benefactor of the medical arts, and the son of a physician. Speaking before a meeting of six hundred doctors in New York, Mr. Baruch pleaded for medical participation in the plan to enact a compulsory health insurance law. He cited the rejection of four million potential draftees as a shocking situation, declared that voluntary health insurance "is not good enough," stated that a "sizable segment of society does not earn enough to pay for voluntary insurance" and concluded that a national scheme of compulsory health insurance was the only answer. Mr. Baruch urged the doctors to get behind this movement, rather than stand on the sidelines while it developed. He said that a form of compulsory health insurance can be devised "without the Government taking over medicine, something which I would fiercely oppose."

Coming from such an eminent citizen as Mr. Baruch, these statements carry more weight than from the lips of a known government-employee propagandizer. The same fallacies attend such remarks in either case, but the prominence of the speaker lends extra weight to them in the public mind. Apparently Mr. Baruch has been taken in by the same type of propaganda which the President and his predecessor backed and which has been traced to its birthplace by a vigilant congressional committee.

Medical men and students of the movement for compulsory health insurance laws are aware of the fallacies of these oft-repeated arguments. They know the meaninglessness of the draft rejection figures. They know that Government would surely "take over medicine" if a compulsory health insurance law were adopted. They know that the voluntary systems of medical care insurance are within and not beyond the means of the ordinary wage-earner. They know that the idealistic propaganda of Messrs. Falk & Co. is studded with inaccuracies, misstatements and glossy covers for regimentation. The surprising part of it all is that Mr. Baruch, familiar with the ways of bureaucrats, should be taken in by this sort of program.

The only answer which immediately comes to mind on that point is that in his role of presidential adviser Mr. Baruch is bound to repeat the same arguments that our latest two chief executives have received from inspired sources. At the same time, he has hedged these arguments somewhat in deploring a political takeover of medicine; this may be a straw in the wind as to new techniques by the social planners.

Agitation for compulsory health insurance may be, as some medical men claim it is, as dead as a dodo. After looking at Mr. Baruch's latest contribution, we venture again to question that assertion.